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COVER LETTER

| TO: | Registration Section | |
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| | Division of Corporations | |

SUBJECT: C & J INVESTMENTS OF NORTH PORT, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

| (| CHRISTOPHER S. MORALES and JASON L. TARI |
|---|--|
| | Name of Manager |
| | C & J INVESTMENTS OF NORTH PORT, LLC |
| | Name of Company |
| | 4975 City Hall Blvd, Box 7701 |
| | Address of Company |
| | North Port, FL 34286 |
| | City/State and Zip Code |
| | chrismorales1576@gmail.com |
| | E-mail Address of Manager |

For further information concerning this matter, please call:

Anne Whitmarsh at

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 This instrument Prepared By and Return To: WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM John L. Wideikis, Esq. 3195 S. Access Road Englewood, FL 34224

CERTIFIED TO BE STRUE & EXACT COPY OF ORIGINAL

STATEMENT OF AUTHORITY

Pursuant to 605,0302, Florida Statutes, this limited liability company submits the following statement of authority on this day of Octor 200, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: C & J INVESTMENTS OF NORTH PORT, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000180403

THIRD: The street address of the limited liability company's principal office is: 4975 City Hall Blvd, Box 7701, North Port, FL 34286

The mailing address of the limited liability company's principal office is: 4975 City Hall Blvd, Box 7701, North Port, FL 34286

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following matters enumerated below:

- May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
 - Granted to: CHRISTOPHER S. MORALES, as Manager and JASON L. TARI, as Manager.
 - b. No authority granted to:
- 2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
 - Granted to: CHRISTOPHER S. MORALES, as Manager and JASON L. TARI, as Manager.
 - b. No authority granted to:

| The undersigned does hereby certify the accuracy o | f the statements set forth herein. | | | |
|---|------------------------------------|--|--|--|
| | CHRISTOPHER S. MORALES, as Manager | | | |
| Signature of authorized representative | Printed name and position title | | | |
| Juli | JASON L. TARI, as Manager | | | |
| Signature of authorized representative | Printed name and position title | | | |
| STATE OF | | | | |
| COUNTY OF | | | | |
| The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this day of physical presence or online notarization day of physical presence or online notarization. | | | | |
| distance are some. | Notary Public, State of Florida | | | |
| ANNE BOROVSKY Commission # GG 983955 Expires June 12, 2022 Bonded Thru Troy Fain Insursing 800-185-7018 | My Commission Expires: (Seal) | | | |

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